

# The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

## ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 131200001	(	CITY OR TOWN	WALES
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	TERRON LLC			
DOING BUSINESS	A WALES IRISH PU	U <b>B</b>		
ADDRESS HOLLA	ND RD.			
CITY/TOWN: WA	LES	STATE: MA	ZIP CODE:	01081
	EEFE, TYP: RANCE J.	E OF LICENSE: Resta	nurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
	THE PROPERTY WH			ERE IS A PAVILLION BE SOLD DURING
I hereby certify and s	swear under penalties	of perjury that:		
1. the renew	ved license will be of the	he same type for the same	ame premises now	licensed;
	see has complied with		•	o taxes; and
3. the premi	ises are now open for b	ousiness (If not explain	n below)	
SIGNED BY:	Individual, Partner	or Authorized Corpor:	ate Officer	
DATE:	TELEPHONI		EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigne Acts of 2004, signed	d, attest that we are i	E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: <u>NOT</u> Inc certificate requir of the fire depart	
We the undersigne Acts of 2004, signed license and (2) the	d, attest that we are i	E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inco certificate requir of the fire departs quired by Chapte	ed by Chapter 304 of the ment for the above named
We the undersigne Acts of 2004, signed license and (2) the Please Check Below: APPROVED:	d, attest that we are i	E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inco certificate requir of the fire departs quired by Chapte	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
We the undersigne Acts of 2004, signed license and (2) the  Please Check Below: APPROVED: DISAPPROVED:	d, attest that we are dead to the building inspectificate of liquor l	E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inc. certificate requir of the fire depart quired by Chapte LOCAL LICENS	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
We the undersigne Acts of 2004, signed license and (2) the Please Check Below: APPROVED:	d, attest that we are dead to the building inspectificate of liquor l	E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inc. certificate requir of the fire depart quired by Chapte LOCAL LICENS	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
We the undersigne Acts of 2004, signed license and (2) the  Please Check Below: APPROVED: DISAPPROVED:	d, attest that we are dead to the building inspectificate of liquor l	E NUMBER: in possession (1) the pector and the head	EMPLOYEI (Note: NOT Inc. certificate requir of the fire depart quired by Chapte LOCAL LICENS	ed by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.

 $APPLICATION FOR RENEWAL\ MUST\ BE\ FILED\ BY\ LICENSEES\ DURING\ THE\ MONTH\ OF\ NOVEMBER\ (M.G.L.\ Ch.\ 138\ \$\ 16A)$ 



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 131200	JMBER: 131200002 CITY OR TOWN WALES			
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR 2	013	
	CLASS		YEAR	
LICENSEE NAME: MARC	HARD ROBERT AND GLEE			
DOING BUSINESS A WALL	ES PKG STORE			
ADDRESS MAIN ST				
CITY/TOWN: WALES	STATE: MA	ZIP CODE: 01081		
MANAGER:	TYPE OF LICENSE:P	cackage Store CATEGORY:	All Alcohol	
EMAIL ADDRESS:				
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSE				
ONE FLOOR, TWO ROOMS	(DIVIDED) ONE RETAIL,	ONE STORAGE.		
I hereby certify and swear und	er penalties of perjury that:			
1. the renewed license	will be of the same type for the	ne same premises now licensed;		
2. the licensee has con	nplied with all laws of the Con	nmonwealth relating to taxes; and		
3. the premises are no	w open for business (If not exp	plain below)		
SIGNED BY:				
Individ	ual, Partner or Authorized Cor	porate Officer		
DATE: T	ELEPHONE NUMBER:	E NUMBER: EMPLOYER IDENTIFICATION NU		
		(Note: NOT Individual Social Security Number)		
Please Check Below:		LOCAL LICENSING AUTH	ORITY	
APPROVED:		By:	Oldi i	
DISAPPROVED:		<b>,</b>		
(If disapproved explain)				
		-		
DATE				
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 131200007	CITY OR TOWN WALES				
APPLICATION FOR	R RENEWAL:	Annual LICENSED FOR 2013				
		CLASS		YEAR		
	PAMELA KATSOULA LAKE GEORGE T. STREET					
CITY/TOWN: WA	LES	STATE: MA	ZIP CODE: 0	1081		
MANAGER: KAT PAM		OF LICENSE: Res	taurant CATE	EGORY: All Alcohol		
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS		IAIL ADDRESS			
	LICENSED PREMISE					
	EE MEANS OF EGRES 30 CONCRETE PATION		RRIGHT SIDE DOC	OR AND ONE		
<ol> <li>the renew</li> <li>the license</li> </ol>		e same type for the I laws of the Comn	same premises now lice nonwealth relating to ta- tin below)			
SIGNED BY:	Individual, Partner or	· Authorized Corpo	rate Officer			
DATE:	TELEPHONE	NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)		
Acts of 2004, signed	d by the building inspe	ector and the head	e certificate required b of the fire departmen equired by Chapter 11	it for the above named		
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENSING By:	G AUTHORITY		
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)